



11464- 17 Avenue SW
Edmonton, Alberta, T6W 2S5
(780)761-0350

Date: _____

NEW PATIENT REGISTRATION

Your name: _____ Phone Number: _____
Spouse Name: _____ Phone Number: _____
Address: _____ City: _____
Postal Code: _____ Email: _____

**** PLEASE PROVIDE ANY MEDICAL HISTORY/PREVIOUS VACCINE HISTORY** IF YOU DO NOT HAVE AT THIS TIME PLEASE BRING AS SOON AS POSSIBLE! THANK YOU ☺**

PET INFORMATION

By answering the following questions you will enable us to create a custom health plan for your pet. **Please circle all that applies.**

Pets Name: _____ Dog/Cat/Other _____
Breed: _____ Microchip/ Tattoo _____
Age: _____ Male/Female _____
Spayed/Neutered _____

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Breed: _____ Microchip/ Tattoo _____
Age: _____ Male/Female _____
Spayed/Neutered _____

Living Conditions:

- a) Primarily inside/ primarily outside
- b) Outside only
- c) Acreage/farm dog

Social Activities:

- a) Boarding kennels/ doggy day care/ Grooming/ off leash parks
- b) Training classes (agility/obedience etc)
- c) Hunting

Diet:

- a) Dry dog food and or wet food. Please specify _____

Dental Care:

- a) Brushing of the teeth
- b) Dental treats
- c) Previous dental work
- d) Other _____

Medical History:

1. Does your Pet have any medical problems that we should be aware of? YES NO. If Yes, Please Specify _____
2. Does your animal have any allergies to vaccines, medication or food? YES NO, If Yes please specify _____
3. Has your pet travelled outside of Alberta in the last year? Do you plan on travelling with your pet in the next year? YES NO If Yes, Where to? _____
4. Does your pet currently have any pet insurance? YES NO _____
5. Is there any children under the age of 10 years in the household? YES NO. How old? _____

How did you hear about us? _____

**** By providing your email you are authorizing us to be able to send you email reminders****